



Patent
Attorney's Docket No. 1015290-000517

RCE
JF

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of) **MAIL STOP RCE**
Tuqiang Ni et al.)
Application No.: 09/788,365) Group Art Unit: 1792
Filing Date: February 21, 2001) Examiner: RUDY ZERVIGON
Title: GAS INJECTION SYSTEM FOR) Confirmation No.: 3359
PLASMA PROCESSING)
)
)

**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL LETTER**

MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number **21839**

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 of the above-identified application and encloses the \$405 \$810 fee due under 37 C.F.R. § 1.17(e).

1. A. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.
 B. Applicant(s) previously submitted the following documents for which continued examination is requested:
 - Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on August 21, 2008.
 - Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 - Other: _____

2. The following documents are enclosed with this submission:

- Amendment/Reply
- Affidavit(s)/Declaration(s)

09/11/2008 AWONDAF1 00000092 024800 09788365
01 FC:1881 810.00 DA

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Application No. 09/788,365
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- Information Disclosure Statement
- Petition for Extension of Time
- Other: [List Other documents filed with submission here]
3. Small entity status is hereby claimed.
- No additional claim fee is required.
- The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

FEES				
Examination Fee (1801)				\$ 810
	No. of Claims		Extra Claims	Rate
Total Claims	18	20	0	x 50 (1202) \$ 0
Independent Claims	4	4	0	x 210 (1201) \$ 0
If multiple dependent claims are presented, add \$ 370				\$ 0
Total Fee				\$ 810
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee				\$ 0
TOTAL FEE DUE				\$ 810

4. Charge \$ 810 to Deposit Account No. **02-4800** for the fee due.
5. A check in the amount of _____ is enclosed for the fee due.
6. Charge _____ to credit card for the fee due. Form PTO-2038 is attached.
7. Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

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8. The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

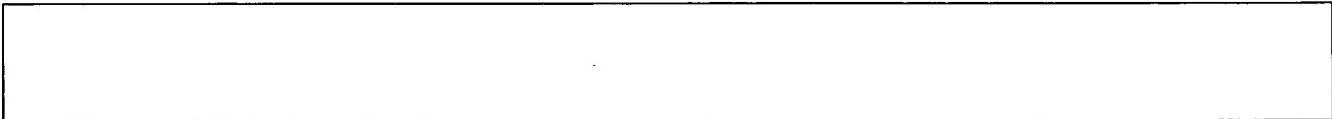
BUCHANAN INGERSOLL & ROONEY PC

Date: September 10, 2008

By:


Peter K. Skiff
Registration No. 31917

P.O. Box 1404
Alexandria, VA 22313-1404
703 836 6620





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